

DEPARTMENT OF HEALTH SERVICES

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April 30, 2001

N.L.: 07-0401

Index: Eligibility

TO: ALL COUNTY CALIFORNIA CHILDREN'S SERVICES (CCS)
ADMINISTRATORS AND MEDICAL CONSULTANTS, AND STATE
CHILDREN'S MEDICAL SERVICES (CMS) STAFF

SUBJECT: CRITERIA FOR ASSIGNMENT OF CCS UNIQUE AID CODES TO CCS
ELIGIBLE CHILDREN

Background

Effective May 1, 2001, conversion to the new Phase I Client Eligibility component of CMS Net will be completed for all CCS children residing in counties that are currently participating in CMS Net. This conversion is an automated process that will include the assignment of unique CCS aid codes to CCS eligible children and distribution of California Benefits Identification Cards (BIC) to CCS eligible children who are not Medi-Cal eligible (Note: Medi-Cal eligible children already have BIC cards). All CCS eligible children, including those who already have aid codes reflecting their Medi-Cal or Healthy Families (HF) eligibility, will have CCS unique aid codes assigned.

Subsequent to the completion of this one time automated Client Eligibility conversion process, county CCS programs using CMS Net will assign CCS unique aid codes to children determined eligible for CCS. The aid codes are used by providers and programs to verify client eligibility in the Medi-Cal Eligibility Data System (MEDS), the Point of Service (POS) System, the Automated Eligibility Verification System (AEVS), and at the Medi-Cal Internet Site.

Policy

The following criteria shall be utilized for the assignment of a unique CCS aid code when a child's CCS case record is opened or as otherwise indicated:

Aid Code 9K

- Assigned to all children referred to the CCS program when they have completed a CCS program application and the child's case is being opened for diagnosis only.

- Assigned to all CCS-only children, Medi-Cal eligible children, and children enrolled in HF plans when they are determined to be medically eligible for the CCS program and they have completed the CCS program residential/financial eligibility process, including a signed program services agreement, **except as otherwise indicated below.**

Aid Code **9M**

- Assigned to children who have been determined to be medically eligible for the CCS medical therapy program, but are not eligible for CCS treatment services because they don't meet program financial eligibility requirements.

Aid Code **9N**

- Assigned to children who are eligible for full scope/no share of cost Medi-Cal and
- Are medically eligible for CCS, but have not completed the CCS program residential/financial eligibility process, including a signed program services agreement.

Aid Code **9R**

- Assigned to children who are medically eligible for the CCS program and are enrolled in a HF plan but are from families with adjusted gross incomes of over \$40,000 per year.
- Assigned to children who are medically eligible for the CCS program and are enrolled in a HF plan but have not completed the CCS residential/financial eligibility process, including a signed a program services agreement, within 60 days of referral to the CCS program.

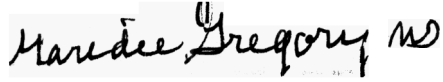
Implementation

Effective May 1, 2001, the criteria delineated above shall be utilized by county CCS programs in the assignment of CCS unique aid codes.

Providers have been separately notified of the assignment of these CCS unique aid codes by a Provider Bulletin (see enclosure 1) and by an update to the Medi-Cal Provider Manual.

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If you have any questions, please contact your Regional Office Administrative Consultant.

A handwritten signature in black ink that reads "Maridee Gregory MD". The signature is written in a cursive style with a large, stylized "M" at the beginning.

Maridee A. Gregory, M.D., Chief
Children's Medical Services Branch

Enclosure

Medi-Cal Update Allied Health

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April 2001

CCS/GHPP New Aid Codes

California Children's Services

Effective May 1, 2001, children enrolled in the California Children's Services (CCS) program who are not eligible for Medi-Cal, except those residing in Alameda, Contra Costa, Kern, Los Angeles, Orange, Sacramento, Santa Barbara, San Bernardino, San Diego, San Francisco, San Mateo and Sonoma counties, will be issued California Benefits Identification Cards (BIC). BIC cards will now allow providers to determine CCS eligibility through the Point of Service (POS) network. For Medi-Cal recipients, CCS eligibility will be displayed along with Medi-Cal eligibility.

Children eligible for CCS will be identified by aid codes unique to this program. The aid codes and associated messages listed below will apply to CCS clients, except those residing in the counties listed above.

<u>Aid Code</u>	<u>Message</u>
9K	CCS-eligible. CCS prior authorization required for CCS services.
9M	CCS-eligible for Medical Therapy Program services only.
9N	CCS-eligible. CCS prior authorization required for CCS services.
9R	CCS-eligible. CCS prior authorization required for CCS services.

CCS clients living in the excluded counties listed above will also be identified by these aid codes in the future.

Genetically Handicapped Persons Program

Soon, recipients enrolled in the Genetically Handicapped Persons Program (GHPP), who are not eligible for Medi-Cal, will be issued BIC cards and will be identified by the aid code and associated message below:

<u>Aid Code</u>	<u>Message</u>
9J	GHPP-eligible. GHPP prior authorization required for GHPP services.

For more information, refer to manual replacement pages 100-25-1 and -12; 100-34-3 and -4.

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